

EXHIBITC

FANJ-32

First American Title Insurance Company



SCHEDULE A

File No.: **2004-35672HDP** Policy No.: **104170322 NJPLO**
Amount of Insurance: **\$76,711.00**
Date of Policy: **January 5, 2005**

1. Name of Insured:
Daisy L. Marcial and Daniel Cedino
2. Your interest in the land which is covered by this policy is:
FEE SIMPLE

3. Title to the estate or interest in the land is vested in:
Daisy L. Marcial and Daniel Cedino

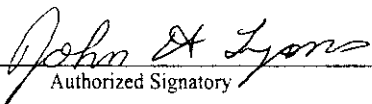
By deed from Alphonso Jackson, Secretary of Housing and Urban Development of Washington, DC, dated December 3, 2004, recorded January 5, 2005, in Deed Book 6235, Page 830, in the Burlington County Clerk's/Register's Office.

4. The land referred to in this policy is described as follows:
See Schedule "C" Legal Description Attached.

For informational purposes only: **Being known as Lot 19 in Block 55 in the Township of Mount Holly, County of Burlington, State of New Jersey.**

Countersigned:

INDEPENDENCE ABSTRACT & TITLE
AGENCY
1040 Kings Highway North, Suit
Cherry Hill, NJ 08034-1923


Authorized Signatory

PROPERTY IDENTIFICATION	BLOCK NUMBER	LOT NUMBER	QUALIFICATION	DESCRIPTION OF TAX	RATE	AMOUNT OF TAX
55	19		PIN 0-1W9K7U	County Tax	.703	283.31
PROPERTY LOC.	147 CHERRY ST			Municipal Tax	1.002	403.81
BLDG. DESC.	2FD			County Library	.065	26.20
ADDITIONAL LOTS				District School Ta	2.077	837.03
LAND DESC.	14X110			Regional School Ta	.772	311.12
3RD QTR DUE AUG. 1, 2007	VOID*VOID		4TH QTR DUE NOV. 1, 2007	Open Space Tax	.081	32.64
1ST QTR DUE FEB. 1, 2008	490.86		2ND QTR DUE MAY 1, 2008	FIRE DISTRICT	.172	69.32
TAX ACCOUNT NUMBER	BANK CODE	MORTGAGE ACCOUNT NO.	TAX BILL NUMBER	Gross Tax - 2007	4.872	1,963.42
1421000	8150		603	Total Net Tax		1,963.42
MARCIAL, DAISY L & CEDINO, DANIEL				Less Preliminary Billed		902.52-
or Current Owner				Balance of Taxes Due		1,060.90
147 CHERRY ST				Preliminary Tax for 2008		981.71
MT HOLLY NJ 08060						

MAKE CHECKS PAYABLE TO AND MAIL TO: MOUNT HOLLY TOWNSHIP, ATTN: TAX COLLECTOR, P.O BOX 411, MOUNT HOLLY, NJ 08060
OFFICE HOURS: MONDAY THRU FRIDAY 8:30 A.M. - 3:30 P.M.

■ DISTRIBUTION OF TAXES ■		ASSESSED VALUATION INFORMATION	
COUNTY TAX		Land	10,400
\$594.43 30.28%		Improvements	29,900
BD. OF FREEHOLDERS		Total	40,300
609-265-5000		Exemptions	
DISTRICT SCHOOL TAX		Net Value	40,300
\$863.23 43.97%		STATE AID USED TO OFFSET	
		LOCAL PROPERTY TAXES	
LOCAL PURPOSE TAX		The budgets of the government agencies funded by this tax bill include State funding used to reduce local property taxes. Based on the assessed value, the amount of this state aid used to offset property taxes on this parcel equals \$2,043.61	
\$403.81 20.57%			
TOWNSHIP			
609-267-0170			
Special Tax Dist(s)			
\$101.96 5.19%			
F01			

MOUNT HOLLY TOWNSHIP
 PLEASE SEND THIS STUB WITH PAYMENT
 2008 2ND QUARTER TAX DUE MAY 1, 2008

08-2

BLOCK NUMBER	LOT NUMBER	QUALIFICATION	BANK CODE
55	19		8150
TAX ACCOUNT NUMBER	TAX BILL NUMBER	TAX AMOUNT BILLED	DUE MAY 1, 2008
1421000		490.85	

MARCIAL, DAISY L & CEDINO,
 DANIEL
 or Current Owner
 147 CHERRY ST
 MT HOLLY NJ 08060

☐ CASH ☐ CHECK

DO NOT WRITE BELOW THIS LINE

147 CHERRY ST



MOUNT HOLLY TOWNSHIP
 PLEASE SEND THIS STUB WITH PAYMENT
 2008 1ST QUARTER TAX DUE FEB. 1, 2008

08-1

BLOCK NUMBER	LOT NUMBER	QUALIFICATION	BANK CODE
55	19		8150
TAX ACCOUNT NUMBER	TAX BILL NUMBER	TAX AMOUNT BILLED	DUE FEB. 1, 2008
1421000		490.86	

MARCIAL, DAISY L & CEDINO,
 DANIEL
 or Current Owner
 147 CHERRY ST
 MT HOLLY NJ 08060

☐ CASH ☐ CHECK

DO NOT WRITE BELOW THIS LINE

147 CHERRY ST



MOUNT HOLLY
TAX ASSESSOR
23 WASHINGTON ST
MT HOLLY NJ 08060

EMERSON AND SONS
115 WASHINGTON
ST
TRENTON NJ
PERMIT NO. 1

MOUNT HOLLY TWP
COUNTY =BURLINGTON

2007

MAILED: 01/31/2007

55

19

147 CHERRY ST

2007

10,400

29,900

40,300

2006

\$1,805.03

2006 ASSESSMENT

40,300

MARCIAL, DAISY L & CEDINO, DANIEL
147 CHERRY ST
MT HOLLY, NJ

08060

**SPECIAL WARRANTY DEED
FOR NEW JERSEY**

351-377240
2004-35672HDP

Prepared by:
First Preston Management
Attorney in fact for Alphonso Jackson
Secretary of Housing and Urban Development

By: 

THIS INDENTURE,

Made the 5 day of Dec., 2004, between Alphonso Jackson, Secretary of Housing and Urban Development of Washington, D.C., acting by and through the Federal Housing Commissioner, party of the first part.

AND

Daisy L. Marcial and Daniel Cedino

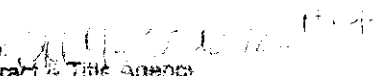
of 

party(ies) of the second part.

WITNESSETH, That the said party of the first part, for and in consideration of the sum of **SEVENTY SIX THOUSAND SEVEN HUNDRED ELEVEN AND 00/100 DOLLARS (\$76,711.00)** lawful money of the United States of America, to him in hand well and truly paid, by the said party(ies) of the second part, at or before the sealing and delivering of these presents, the receipts whereof is hereby acknowledged, and the said party of the first part being therewith fully satisfied, contented and paid, has given, granted, bargained, sold, aliened, released, enfeoffed, conveyed and confirmed and by theses presents does give, grant, bargain, sell, alien, released, enfeoff, convey and confirm unto the said party(ies) of the second part, forever, all those lands and premises specifically described a follows:

SEE ATTACHED LEGAL DESCRIPTION

BEING the same property acquired by the party of the first part pursuant to the provisions of the National Housing Act, as amended (12 USC 1701 et seq.) and the Department of Housing and Urban Development Act (79 Stat. 667).

Record & Return To: 
Independence Abstract & Title Agency
1040 Kings Highway North
Suite 700
Cherry Hill, NJ 08034
(856) 779-0099

STATE OF NEW JERSEY

New Jersey Department of Health and Senior Services

Certificate of Live Birth

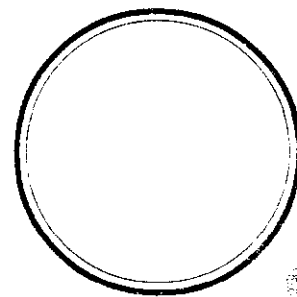
1. NAME OF CHILD (First)		(Middle)		(Last)	
DILLON		ELLIOT		CEDENO	
2a. DATE OF BIRTH	2b. HOUR	3. SEX	4a. PLURALITY		4b. THIS CHILD BORN -
01/11/2007	05:15 A	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> OTHER		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> OTHER
5a. PLACE OF BIRTH		3 <input type="checkbox"/> CLINIC/DOCTOR'S OFFICE		5 <input type="checkbox"/> OTHER - specify:	
1 <input checked="" type="checkbox"/> HOSPITAL		4 <input type="checkbox"/> RESIDENCE			
2 <input type="checkbox"/> FREESTANDING BIRTHING CENTER					
5b. NAME OF FACILITY			5c. CITY, TOWN, OR LOCATION OF BIRTH		5d. COUNTY OF BIRTH
VIRTUA-MEMORIAL HOSPITAL BURLINGTON COUNTY, I			MOUNT HOLLY		Burlington
6a. MOTHER - Maiden Name			6b. DATE OF BIRTH		6c. BIRTHPLACE
DAISY LOIDA MARCIAL			01/27/1963		New York
7a. RESIDENCE - State	7b. RESIDENCE - County	7c. RESIDENCE - City, Township, or Boro in which mother actually lives.		7d. STREET AND NUMBER	8. INSIDE CITY LIMITS
NJ	Burlington	Mount Holly Twp		147 CHERRY ST	Yes
9a. MOTHER'S MAILING ADDRESS			9b. CITY OR TOWNSHIP	9c. STATE	9d. ZIP CODE
147 CHERRY ST			Mount Holly	NJ	08060
10a. FATHER - Name			10b. DATE OF BIRTH	10c. BIRTHPLACE	
DANIEL DEJESUS CEDENO			01/03/1965	SANTA DOM	
11a. NAME OF INFORMANT					11b. RELATIONSHIP TO CHILD
DAISY MARCIAL					Mother
12a. CERTIFIER - Name			12b. MAILING ADDRESS		
Amy Siegel			1617 RT 38 Mount Holly, NJ 08060		
13a. I CERTIFY THIS CHILD WAS BORN ALIVE AT THE PLACE, TIME, AND DATE SHOWN			13b. DATE OF SIGNATURE	14. ATTENDANT	
Signature <i>Amy Siegel</i>			1-27-07	1 <input type="checkbox"/> MD 2 <input checked="" type="checkbox"/> DO 3 <input type="checkbox"/> CNM 4 <input type="checkbox"/> OTHER MIDWIFE	
15a. REGISTRAR - Signature			5 <input type="checkbox"/> OTHER (Specify)		15b. DATE RECEIVED
Elizabeth A. Sykes					1/26/07

Issued in Mount Holly Township
Burlington County
Elizabeth A. Sykes, Registrar
April 13, 2007

This is to certify that the above is correctly
copied from a record on file in my office.

Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.

Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics



DATE FILED

CERTIFICATE OF BIRTH

156-04-007234

2004 JAN 28 P 1:21

Birth No

1. FULL NAME OF CHILD		First Name Denzel		Middle Name Leon		Last Name Cedeno	
2. SEX Male	3a. NUMBER DELIVERED of this pregnancy 1		3b. If more than one, number of this child in order of delivery		4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year) January 23, 2004		4b. HOUR 04:19 PM
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH OF Brooklyn		5b. Name of Facility (if not in institution, street address) WOODHULL MED. AND MENTAL HLTH.			5c. TYPE OF PLACE Hospital	
6a. MOTHER'S FULL MAIDEN NAME Daisy Loida Marcial			6b. MOTHER'S DATE OF BIRTH Month Day Year 01/27/1963		6c. MOTHER'S BIRTHPLACE City & State or foreign country Manhattan, NY		
7. MOTHER'S USUAL RESIDENCE		7a. City, town, or location		7b. Street and house number		7c. Inside city limits of 7c?	
a. State NY	b. County Kings	New York		634 Kosciusko Street Apt. 3		11221 Yes	
8a. FATHER'S FULL NAME Daniel De Jesus Cedeno			8b. FATHER'S DATE OF BIRTH Month Day Year 01/03/1965		8c. FATHER'S BIRTHPLACE City & State or foreign country Dominican Republic		
9a. NAME OF ATTENDANT AT DELIVERY Kwakuvi A Manigar, M.D.			9b. CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN <i>Kwakuvi A Manigar</i> M.D. Signed Name of Attendant Kwakuvi A Manigar Address 760 Broadway, Brooklyn, NY 11206 Date Signed <i>January 23, 2004</i> Year 2004				
Information added or amended (Reason) Date City, Registrar							

VITAL RECORDS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE CITY OF NEW YORK

Daisy Loida Negron
634 Kosciusko Street Apt. 3
Brooklyn NY 11221

MOTHER'S MAILING ADDRESS

Copy of this certificate will be mailed to her when it is filed with the Department of Health and Mental Hygiene

FEBRUARY 02, 2004

